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### ISSTIP FORUM at STEINWAY & SONS

(at the Invitation of Geoff Oakley, Managing Director)  
Saturday 12 October 1996 5 - 8 p.m.

#### PHYSICAL AND PSYCHOLOGICAL PROBLEMS OF MUSICIANS AND OTHER PERFORMERS

How to cope with them - How to prevent them

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## Focal Dystonia in Keyboard Players and Guitarists

Focal Dystonia - known also as Occupational Cramp - has been the subject of many studies and numerous articles have appeared in medical journals discussing in great detail the medical problems of musicians.

Focal dystonia is invariably described as 'very resistant to therapy' and may terminate or drastically alter a career' (Alan H. Lockwood M.D. Medical Problems of Musicians' New England Journal of Medicine Vol.320 No.4 Jan.1986 p.221).

Neurologists have used in recent years injections with botulinum toxin with 'marked, albeit transient relief...' (Joseph Jankovic M.D. and Heidi Shale M.D. 'Dystonia in Musicians' Seminars in Neurology, Vol.9 No.2 June 1989); and there is a large bibliography dealing with this specific therapy.

It is interesting to read that a number of specialists admit 'technical retraining by certain teachers' ... 'as a most encouraging approach to treatment so far' (Richard Norris, M.D. 'Focal Dystonia/Occupational Cramp' The Musician's Survival Manual: A Guide to Preventing and Treating Injuries in Instrumentalists, Chapter 12 p.94). This volume (published by ICSOM) presents a wealth of information and should be perused by all those working in this field.

Like Richard Norris, Scott E. Brown writes '... relaxation techniques and laborious retraining of musical techniques have been of some benefit' (Focal Dystonia in Musicians' Western Journal of Medicine v.157, No.6 p.666 Dec.1992).

An important study has been conducted by two neurologists, Frank R. Wilson M.D. and Volker Homberg M.D., with Professor Christoph Wagner, from the Institute of Physiology of Music at Hannover Hochschule fur Musik und Theater, on 'Biomechanical Abnormalities in Musicians with Occupational Cramp/Focal Dystonia' (Journal of Hand Therapy Oct-Dec 1993 ppp 298-307). They emphasise the value of 'biomechanical profile of instrumentalists' hands' to survey the causes of this condition, the proposed treatments and, especially, how to prevent it. Professor Wagner, like his colleagues, believes that such a hand-profile should be introduced in all music colleges to advise potential instrumentalists on their physical suitability for their chosen instrument.

This may be a debatable question. While it is important for instrumental students to be aware of the many pitfalls awaiting them, many performing artists have proved that they have succeeded in spite of physical handicaps, such as small hands of pianists like Alicia de Larocha, Andras Schiff, Murray Perahia, to mention only these few.

More recent studies in France, based on 'correcting poor posture and

muscular imbalance through a programme of re-education of the whole upper limb, the shoulder girdle and the spine' had remarkable results. Out of 47 pianists, 16 resumed normal play and 15 'nearly normal play' while avoiding difficult technical passages. (Prof Raoul Tubiana and Philippe Chamagne, BAPAM Newsletter autumn 1995 pp.23-31).

Since the opening of ISSTIP (International Society for the Study of Tension in Performance) first Performing Arts Clinic at the London College of Music (May 1990) over 600 musicians have been to the clinic with their various performance-related physical or psychological problems. Considering that the clinic is open only twice a month for 2-3 hours during the academic year, the figure causes enough concern.

Dr. C.B.Wynn Parry, consultant/adviser, has been looking after the musicians with specific medical problems while Pamela Bowden (Head of Singing at LCM) and myself, as co-directors, are approaching the problems as teachers and performers. In the ISSTIP Journal No. 6 (December 1990) Dr Wynn Parry published an article about his findings after the first six months, with a Table of the 50 cases he had examined: 21 with medical-surgical disorders; 14 with postural problems and incorrect position; 5 with emotional tension resulting in pain: 3 violinists with long neck; 7 cases of dystonia - 6 pianists and 1 guitarist.

During the same period I have worked with about 120 musicians as I see every one before further referrals. In most cases, many of the physical problems could have easily been avoided if musicians knew more about the teaching of instrumental technique and how to prevent the misuse and abuse of muscles, especially how to relate to the instrument. Many of the conditions which doctors consider minor ones like tendinitis, tenosynovitis, pain in shoulder, neck or back are usually dealt with through postural adjustment, correcting faulty approaches in technique and learning to use the playing apparatus with total muscular freedom.

The cases presenting dystonia need a different approach altogether.

### What is Dystonia? What causes it and how can it be controlled and prevented?

Dystonia is a neuro-physiological condition which manifests itself through inco-ordination, a loss of control in certain movements. Focal dystonia is a condition localised in a part of the playing apparatus and usually affects advanced players, some with a very successful career. Strangely enough the player does not experience pain and is able to do any other movements with the afflicted hand. It is only when playing his instrument that this difficulty arises. In some cases, in pianists, the player is unable to control one or two fingers (middle or ring finger, occasionally the index and very rarely the little finger). The finger (or fingers) curl inside the palm (flexes) or extends; in guitar playing, the middle finger or the index refuses to pluck the strings. The psychological ordeal of these players is horrendous.

The instrumentalists I have seen with this condition (13 pianists, 2 accordionists, 5 guitarists) have consulted first of all their GP who referred them either to a neurologist or a rheumatologist, occasionally to an orthopaedic surgeon but more often to a psychiatrist or a counsellor. Long periods of drugs - beta blockers, tranquillisers, muscle relaxants - alternating with physiotherapy (neuro-stretching method), massage, ultrasound, followed for months and even years. One pianist who recently came to ISSTIP clinic has been suffering for the past eight years from this crippling condition! Some musicians have been studying Alexander, Feldenkrais, Yoga or other disciplines which have been helpful in developing an awareness of the 'use of self' but not in dystonia.

I was very interested to find out why so many pianists, in particular, and guitarists suffer from this incoordination and I was anxious to learn more about it. I have come to the conclusion that the main cause is the misuse of muscles and an incorrect interaction between player and instrument.

The poor pianist or guitarist, unable to control the finger to press the key or pluck the string, raises it higher and higher, his wrist and forearm getting stiffer and stiffer and all freedom of movement and breathing are hindered. What actually started as a physical and physiological problem has developed into a neuro-physiological condition.

With pianists I use my approach to teaching piano technique.

- (a) I begin by helping the pianist to relax the muscles in his body, to 'liberate the body' of any tension. Once they have learnt the 'Grindea technique'\* - how to bring the body in a 'state of balance' - we go on to work at the instrument. In piano playing one learn which are the movements conducive to release of tension. I am not entering here into the study of the many aspects of piano technique but I will discuss those which are relevant to the control of dystonia.

### Movements which release tension

These are the 'downward' and 'upward' movements of the wrist, in conjunction with arm-weight and muscular energy. The player is also learning to control the freedom of breathing, exhaling when the music demands it.

- (b) Once these have been learnt, I am helping the musician to use a new set of muscles to play his instrument, not those he had been using previously, for many years. This sounds more complex than it actually is. Learning to control the arm weight is vital for pianists. I believe the piano is the only instrument which demands the use of arm weight to produce great volume of sound with maximum of efficiency and minimum effort, thus a good player should know when to use it and when to withdraw it.

The finger technique I recommend is based on using the wrist in conjunction with the hand and fingers, the wrist actively involved in a 'downward' or 'upward' exertion with hand and fingers 'following'. This is done in the following manner: the hand is placed on the keyboard, the finger which should play touching the surface of the key. Muscular energy is directed to the wrist which either 'swings' upwards or is dropped, depending on the demands of the music, catching the finger and the key in its motion, thus the tone is produced. *The wrist is the player's 'new tool'.* The pianist is using a different set of muscles for these movements, thus he encounters no difficulty. He thinks 'wrist movement' instead of 'finger movement' and the orders of the brain are obeyed. One of the pianists who has conquered his dystonia remarked: 'This means cheating the brain!' It is not quite so. It simply means that a new 'programming' of the brain computer is taking place, the player learning to direct his attention on to the new set of muscles involved. He finds himself able to play, to control the keyboard and his confidence in his ability is restored. His anxieties are rapidly disappearing, he enjoys making music again without any fear or worry. It is important, though, that this new approach should gradually become 'conditioned reflexes', part of the automatic pilot in piano-technique. Therefore it is recommended that at first he should play slowly being aware of the state of the muscles and joints in the playing apparatus and only gradually to increase the speed as the balanced state of arms and wrists must be maintained in practising and in performance.

Guitarists present similar problems - one of the fingers, in most cases the middle finger or the index, does not obey the order to pluck the string. I do not know enough about guitar technique but I have succeeded in helping several players by using the wrist in an 'upward' swinging movement with the finger following, catching the string with it. Once again, the player thinks 'wrist' not 'finger', thus he is able to pluck the string and play with ease. The guitarists who conquered their disabilities were able to return to the profession in a very short time and never looked back.

I should like to add that working with these musicians has been a very rewarding experience for me. I have been involved in the study of musicians' problems, especially physical ones, for many years and, thanks to the work of ISSTIP Performing Arts Clinic and collaborating with specialists like Dr Wynn Parry and my colleagues on the staff, I have learnt a great deal and I have broadened my knowledge.

What can be more gratifying than being able to help fellow musicians?

Carola Grindea FGSM

## \* Grindea Technique

This requires several minutes of mental concentration.

Standing at ease in front of the mirror, with feet slightly apart:

- a) concentrate attention on the spine – *commanding it to lengthen*, not through a movement but only through mental directives. One experiences the sensation of the head being lifted lightly and placed on the last vertebrae, bringing head, neck and body into perfect alignment.
- b) exhale very slowly, whispering 'haaaaaa' for as long as possible; be aware of shoulders lowering, a state of relaxation in the diaphragm area, while arms are getting heavier and longer, with a great deal of arm-weight flowing into the hands.
- b1) allow the body to inhale profoundly; be aware of the whole thoracic cage expanding. Repeat this exercise
- c) concentrate attention on the knees and ankles and imagine them to be very supple and flexible. One should have the sensation of lightness as if the body is floating. The body is now in a *perfect state of balance* and there is no tension anywhere.

To achieve this exhilarating state of body and mind is easy and anyone can learn it in only a few minutes. But, to maintain this state while practising or performing it is a very specialised study and needs very slow practising with constant awareness of the muscular freedom.

## Musicians' cases seen at ISSTIP/LCM Performing Arts Clinic:

**Case 1: Damian Manestar** is a professional pianist, playing jazz/pop and classical music.

Damian was referred to me by Dr C B Wynn Parry in June 1996. He has examined him on three occasions in the past three years. For the past eight years he had been afflicted by a condition diagnosed as Focal Dystonia. In Damian's case it manifests itself with heaviness in the hands when playing, resulting in being unable to move his fingers and hands, feeling almost paralysed. This happens only when he plays the piano. He also had pain in shoulders and neck.

I saw him first in early June. He had poor posture, with shoulders brought forward (app 5 centimetres!) and with a great deal of stiffness in the wrists and arms. Damian had several months of Feldenkrais teaching (at Dr Wynn Parry's recommendation) and physiotherapy, but his condition did not improve.

At our first consultation-session, we worked on learning to bring the body in a state of balance, with no tension anywhere. His posture was easily corrected and he had no more pains.

We then worked on piano technique. He had to 'retrain the system'

changing his approach to piano playing. He learnt to use the arm-weight and a new 'finger technique' (see article on Focal Dystonia) which enabled him to play without experiencing any of the old symptoms. He managed to play for over one hour.

By substituting the mental directives, i.e. directing his attention to the 'wrists and its movements' instead of thinking 'fingers' he succeeded in overcoming his condition.

At a second session he managed even better. He had no more pains when practising, but one day when playing for a recording session, his condition returned, although less painful than in the past and did not last long. But this was enough for him to start worrying again.

At our next session we 'got back to the basics'. His posture was again rather droopy with wrong position of shoulders. We worked carefully, first to assimilate the technique of liberating the body of any tensions. Only then we started to work at the piano, going carefully through all aspects of piano technique, with correct posture and position of shoulders and everything was well again. Damian realised how important it was for him not to play in the same way as in the past when recording in the studio.

We had 5 or 6 lessons by now and Damian is in full control of his piano playing. He is working on a programme for a recital sometimes this year and we both enjoy our sessions together. He has the confidence that he can play and that is all that matters.

*This report is published with Damian's approval. He hopes that other pianists with this condition may benefit from his experience.*

**Case 2: Keith Emerson** – Pop/jazz pianist suffering from Focal Dystonia. He first came to ISSTIP/LCM clinic when it was first opened in 1990/91. Since then he has travelled to London on several occasions for a series of lessons. He has been examined by several neuro-surgeons in USA; an operation was envisaged but after changing his piano playing he is able to cope with world tours.

Keith agreed to talk to Neil Crosslet about his condition and here is an extract from the interview:

When Keith Emerson first experienced problems using the fourth and fifth fingers of his right hand he was halfway through a world tour with his band *Emerson, Lake and Palmer*. By the end of the tour Keith's fingers were curling inwards involuntarily making it almost impossible to play. He was forced to cancel concerts, recordings and lucrative film soundtrack work. After seeing an array of doctors and physiotherapists he was referred to Professor Carola Grindea at the ISSTIP Performing arts Clinic, London College of Music in 1990/91.

'She asked me to walk around the room without bending my ankles, which is obviously pretty difficult' says 52-year-old Keith. 'I thought "what's this got to do with playing the piano?"'. She told me that's what I'd



een doing to my wrists all these years. It's literally down to playing with different style now. She taught me to play using my wrists and with my fingers flat on the keyboard. It's all about not letting your fingers do all the work'.

Since amending his style, Keith has regained strength in his fingers. While he admits he still slips back into his old style occasionally, he says the improvement has been dramatic. He has resumed recording and in the autumn 1996 he embarks on a US tour. Last year he agreed to be interviewed by the US magazine 'Keyboard' about his injury. The interview provoked a huge response from other keyboard players.

'My record company was horrified because emblazoned on the front cover was the headline "Will Emerson ever play again?". But I really thought it was the end of my career. The reason I did it was because I knew many other keyboard players who were having similar problems. And the mail response showed how big a problem this really is' he says.

Since 1993, well obviously my arms are freer now. I'm getting some strength back in my little finger and my fourth finger. I'm starting to play again and I've obviously been recording a lot in California as well as writing a lot of film music and for television. I did 13 episodes for Marvel Entertainments. Quite fun actually!

Well things are getting better. I was having physiotherapy done by a lady in California called Kate Montgomery who treats a lot of musicians who have got *Carpal Tunnel Syndrome*. And she treats them naturally, mainly by massage. That was a help to some extent. I've been doing a lot of exercises and very slowly it's been coming back. I've only just recently got back here to England and I decided to see Carola again. *And it's quite dramatic the change that I've noticed after the one week of having worked with her again.* Not physiotherapy, no - none at all. It's literally down to playing with a different style. More relaxed, Not using - not expecting the fingers to do all the work - to really playing using the wrist. On the mend now? I'm pretty much optimistic.

## Inner Game Rap

*Inner Game Outer Game What's the Rule?  
We find new paths to use as a tool  
We turn away from doubts and fears  
and put the music in our ears!*

Now tell me the point of the inner-game  
its about getting rid of all that blame

Its doing your best with everything  
But you're So damn scared you can't even sing

We're all striving to be our best  
Discovering what's natural with all the rests.  
Our thoughts are blocked by fears and doubts  
So find some sounds to drown out the shouts!

*Inner Game Outer Game What's the Rule?  
We find new paths to use as a tool  
We turn away from doubts and fears  
and put the music in our ears!*

What's wrong with everything we're told to do  
Its very important that we try for you

Trying to please the critic and teacher  
The Hands go stiff and vision gets weaker

Get all the notes, plus the rhythm and duration (fast)

Play with expression and the right articulation

You've got to look good so make an impression  
When its over you have the right expression

*Close eyes - take a bow*

*Inner Game Outer Game What's the Rule?  
We find new paths to use as a tool  
We turn away from doubts and fears  
and put the music in our ears!*

Playing right wins the outer game of music  
but sometimes - that - just doesn't do it.

When the outer game fails, look at other things  
Start with the music and find what sings.

Just three skills - make our concentration  
Now lets make an explor-ation.

Let's get started and set it on the ground (fast)  
Keep it simple – make it easy – that's what we found.

Rule number two says get it from the music  
Pay attention to the sound and notice what you found

*Inner Game Outer Game What's the Rule?*  
*We find new paths to use as a tool*  
*We turn away from doubts and fears*  
*and put the music in our ears!*

Now let's explore the inner game skills  
AWARENESS – TRUST and finally there's WILL  
The key of the first skill is just what's happening  
AWARENESS is used for the sounds we're tapping  
AWARENESS connects to the sights and feelings  
Following harmony brings out the meanings.

WILL – skills – make a strong-bond  
stick like glue right to the song

Know the sound – notes and tempo  
Slow down the bowings when it's lento!

*Inner Game Outer Game What's the Rule?*  
*We find new paths to use as a tool*  
*We turn away from doubts and fears*  
*and put the music in our ears!*

Finally we arrive at our last skill of TRUST

Park your fear – let us hear  
voices that are loud and clear

Sing the song, play the role,  
Trust the signals from your soul  
Imitate, re-create,

Trust the inner game to state

Keep it simple no doubts and fears  
Awareness – Will and Trust your ears

Let it happen – without – blame  
We came here to play the Inner Game.

*Inner Game Outer Game What's the Rule?*  
*We find new paths to use as a tool*  
*We turn away from doubts and fears*  
*and put the music in our ears!*

## The Effect of Music on Blood Pressure

We live, in present day modern society, in an environment that exposes us to a wide range of stress inducing incidents and situations. Frequently these initiate unwanted adrenaline response. In the past, to describe the symptoms, colourful expressions became adopted in our language:

*I was so upset, I broke out in a sweat all over.*  
*It left me shaking like a leaf.*  
*My hair stood on end*

Today we describe the results of stimulation of the sympathetic nervous system in more sophisticated manner. The term 'Blood Pressure' has come into everyday language. It is usually associated with cardiovascular disease. Respect for its serious nature causes most people to be concerned to keep their blood pressure low. In the long succession of attempts to achieve this, attitudes have changed from turning to drugs that lower the blood pressure to altering lifestyles toward the same end.

A plethora of suggestions has emerged. Some make good sense but many do not. Smoking, lack of exercise and a diet with an excess of saturated fats, are acknowledged to be very harmful. On the other hand, debate on such matters as whether, for the sake of our hearts, we should drink tea or coffee still engages the odd armchair philosopher. The field is full of anecdotal based advice.

Many years ago, in the 18th century to wit, one who might be regarded as a contender for the honour of being the originator of the clinical trial, King Gustaf the Third of Sweden, approached this problem in a most direct manner. With a cheerful disregard for ethical or statistical niceties he chose to experiment with a pair of murderers, incarcerated and awaiting execution for their crime. Happily for them, his most gracious majesty, influenced by the observation that they were identical twins, established a fundamental principle of medical statistics, namely 'Always compare like with like'. To his simple but forthright thinking, identical twins would be very much alike.

He promptly granted them a pardon, conditional, that one should drink only tea for evermore, the other only coffee. Ignoring the diminutive size of his population sample and ignoring also, the possibility that they might not comply, in full, with his edict, he waited with commendable patience to draw conclusions from the evidence of which one died first.

Unfortunately poor Gustaf died before the twins. In 1792, he was untimely done to death at a masked ball, at the hand of a jealous Ankarstrom, a member of the court. It would seem that he believed Gustaf had been unacceptably over-familiar with his wife. Hence his impassioned revenge.

As far as we can tell, nobody thought to place on record the final

outcome of his endeavours in medical research. Verdi did however accord him recognition, albeit subject to censorship constraints, in his opera *Un ballo in Maschera*. Possibly Verdi's music was of greater importance than caffeine beverages in the quest of a beneficial lifestyle. With present understanding, discussion of the rival merits or demerits of drinking tea or coffee in the etiology of heart disease may be dismissed as quite gratuitous, but the effect of music on blood pressure well might be worthy of consideration.

What does music do to our blood pressure? They have missed much in life who have not felt the tingling in the spine, the lump in the throat or the pounding of the heart, in response to playing or listening to emotionally charged music. These are blood pressure affecting experiences. Up it goes, one readily assumes, but does it? Have we indeed measured it to find out? How many would suppose, from general belief, that music might, under appropriate circumstances, lower the blood pressure? Possibly Orpheus employed this effect, albeit without realising so, when he subdued the wild beasts of antiquity. Might not lessons be learned from these considerations, that could be applied to the present day? Recently it has come to light, that keeping a pet can help. The act of stroking a cat can lower the blood pressure. Can music do the same?

Although forced by circumstance to refrain from emulating King Gustaf, nevertheless, stimulated by pianist colleagues who expressed the feeling that they found playing the piano a very relaxing pursuit, the writer decided to undertake a few simple observations.

This was no planned clinical trial just initial objective exploration of an idea that might seem to be quite plausible. The questions posed were:

- 1) Does playing music raise or lower the blood pressure?
- 2) Does listening to music have the same effect?
- 3) Does any effect discovered apply to one individual only, or is it shared by others?
- 4) Do different sorts of music produce opposite effects say, stirring music produce a rise and conversely tranquil music produce a fall?

Many other interesting questions sprung to mind but those chosen, seemed to be enough for a start. An obvious deterrent to an over-enthusiastic approach lies in the inherent difficulty of taking the blood pressure, of an active performer, playing his musical instrument. The clarinettist who kindly volunteered to be one of the 'guinea pigs' found that the encumbrance of a blood pressure cuff around the upper arm did not enhance his finger dexterity.

The physicians measuring the blood pressures were experienced,

trained and standardised to W.H.O. blood pressure survey level. Thus observer variance would be less than otherwise.

The subjects were settled down in a domestic environment, before testing. Repeat measurements were taken of the initial pressures until a stable level was reached. No 'white coat effect' was encountered. After settling, the subjects were set to play music and separately to listen to music.

*In all instances a fall of blood pressure occurred.* The fall in systolic pressure, was of the order of 10-15mm Hg. This was outside expected variations. Falls of diastolic pressure were much less and could be regarded as within normal variance.

The onset of the observed fall in blood pressure was, in all instances, within a minute of the commencement of the test. The duration of this fall, in all instances, was at least half an hour. That was until normal activity was resumed.

No difference was observed over a variety of types of music chosen. A natural constraint was imposed, in that the performed music had to be limited to that playable by the subjects.

In the case of the listeners, recorded music was chosen, of an everyday acceptable nature, to which the participants were accustomed.

The investigation suggests that music heard or performed, under these conditions does not elevate the blood pressure.

One would not suggest that perhaps a rousing performance of stirring music to an emotionally charged audience might not produce the same results. It would be difficult to disentangle from other influences. It would be even more difficult to measure.

In spite of a very limited number of observations and limited standardisation of procedure, without making any scientific claims at all, one cannot help but conclude that it might be worthwhile for interested persons to try a repeat of this or similar experiments. Were the findings due to random chance? Was this an instance of cause and effect? Are the findings repeatable?

It would be useful to know.

Charles Fairfax  
*Life Fellow Society of Public Health*

## Accompanying Contemporary Dance

have been a dance accompanist for many years, playing at various dance schools and studios as a free-lance pianist before joining the London Contemporary Dance School at its inception in the late 60s, where, apart from short sojourns as a guest of other organisations, I have remained ever since.

Dance accompaniment is a highly specialised branch of music, but it is something of a 'coarse art', an occupation often unacceptable to the serious concert artist who would be disturbed by the demands and conditions encountered in the dance studio. To dispel any misunderstandings I would like to describe briefly the nature of our work.

All dancers, whether serious students or among the greatest soloists in the world, attend class every single day of their working lives. In fact, students usually go to two or even three classes a day, and each of these will consist of exercises very carefully structured by the teacher, and almost always expected to have musical accompaniment. Now, the primary function of the accompanist is to provide a firm rhythmic framework for the dance movements, with clear and accurate musical phrasing exactly corresponding to the physical movement structure; and also to create an appropriate mood or atmosphere which will support the exercise aesthetically. If we fail in this last aspect of our work there is a distinct danger of the dance class becoming a series of physical exercises rather than a process of training the body to become an expressive instrument. Music can play a vital part in separating dance from mere athletics or acrobatic virtuosity.

Most dance classes last an hour-and-a-half, and although we are not playing for the whole of that time unceasingly, it will be seen that a class does require quite a large amount of musical material. *All the music in a contemporary dance class has to be improvised.* The reason for this is that the teacher will construct the exercises in the way that she thinks will be most profitable for the dancers on that particular day, and, as I have indicated, the music has to match that construction.

The two most firmly established techniques of contemporary dance in this country are the Martha Graham and the Merce Cunningham techniques, both of which originated in America. They require quite dissimilar musical dynamics, and there are also many teachers who do not adhere to either of these schools of dance training, and there are still others who have devised methods which are personal to them alone, but what almost all teachers of contemporary dance do require from the accompanist is the ability to improvise music fluently, and quite often in unequal phrase lengths and in uneven time signatures (5 or 7 beats in a bar in Simple or Compound Time).

I have to admit that anyone studying tension in performance would find plenty of scope for observation in a dance class. We seem to spend most of the time weaving an ever-tightening band of tension around the studio between teacher, dancers and accompanist, and as a result we all usually emerge after an hour-and-a-half in a state of total nervous exhaustion! That remark should not be taken too seriously, of course, but high tension is certainly an element which is noticeable in our work, and in considering this subject I have tried to investigate ways in which its destructive force can be reduced or re-directed to the best advantage, and in doing so I have become more and more convinced that a major part of the remedy lies in having sufficient information as to what is expected of us. This can be surprisingly difficult to acquire. For instance, if an accompanist is asked to play for a class which has been working with the same teacher for a long time, everybody will know the dance sequences very well – everybody, that is, except the musician who is expected to devise an inspired musical accompaniment *immediately*. (I sometimes think of my own musical resources as being like a jar of instant coffee: just add hot water and stir!)

However, dance sequences are most often devised on the spot, and a teacher will usually demonstrate each exercise which the students will then mark, or indicate. The first thing I will want to know as the accompanist is the number of beats, or counts, in each phrase, in other words, where I am to punctuate the music. An exercise might have 10 counts for instance, which could be divided as 3 + 3 + 4, or 4 + 3 + 3, or 3 + 4 + 3, or possibly some other variation, depending on where the physical accent falls. I shall probably discern this from watching the movement marked, but it would obviously be helpful to be told beforehand, so that I could then concentrate on other aspects of the exercise, such as the character or style of the music required. Should it be *legato*, or *staccato*, or *percussive*? Does it need a deep, rich texture or a sparse, high-pitched quality? These are just some of the questions that need to be answered, and answered quickly, so any direction communicated by the teacher will result in a more satisfactory accompaniment. The correct tempo is immensely important too, and this is hard for a non-dancer to judge, so ideally the teacher should count the last two beats at the correct speed as a 'lead-in' to the sequence.

Of course it is possible to allay one's anxieties about what to play for a certain sequence by producing 'open' music, an accurate rhythmic framework and nothing more. This can sometimes be perfectly adequate, but in fact it passes a degree of tension on to the dancer. If the space between the beats is filled in and there is a reflection of the movement patterns in the music, the dancer will feel a closer relationship with the



accompaniment, and probably execute the movement with greater confidence.

I have recently discovered that there are various devices that can be adopted by the accompanist in order to re-direct the tension in a class, but some of these are difficult to explain without a visual demonstration. One example is where the music 'cuts out' at a dramatic moment, leaving the dancer to express it in silence. This re-directs tension by intensifying concentration on the interplay of dynamics between dancer and musician. Another device which, if used only occasionally, can be quite effective, is an element of humour. The dance class is, quite properly, a place of serious work, but providing any suggestion of mockery is avoided, a light musical joke is often welcomed. An exercise requiring accompaniment in 3/4 time might take the form of a racy Hornpipe, for instance, or a Hoedown with a hint of 'Blues' harmony.

In this communication I tried to reconsider my work in the light of the research done by ISSTIP which has enabled me to see the problems which I encounter every day from a new and enlightened viewpoint. I hope that my observations may be of some value to other accompanists engaged in the contemporary dance studio.

Judith Knight

*This article is based on a demonstration given by Judith Knight with a dancer from London Contemporary Dance School at ISSTIP/LCM Course on Health and the Performing Arts in March 1994.*

#### SEVENTH EDITION IN PREPARATION

### TENSIONS IN THE PERFORMANCE OF MUSIC

#### A SYMPOSIUM

Edited by Carola Grindea

Forward by Yehudi Menuhin; Preface by Allen Percival

Contributions: Nelly Ben-Or, (Alexander Technique), Walther Gruner (Singing), Kato Havas (Strings), Leigh Howard (Speech), Paul Lehrer (Anxiety in Performance), Alfred Nieman (Composers), Gervase de Peyer (Wind Players), Vilem Tausky (Conductors), Carola Grindea (Pianists), Dr. Edmind Jacobson (Tension Control).

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## The Psychology of Musical Performance

Abraham Maslow, the pioneering American psychologist, coined the term 'self-actualization' to describe people who are able to transcend to a great extent the usually limited nature of the mind/body mechanism. He found that such people exhibited the attributes of *heightened awareness, sustained and directed will, trust in their abilities, overall confidence and patience*. Ideally, musicians should possess such traits both in practice and on the concert platform so as to be perfect channels for the composers' visions. The truly great performers have these abilities naturally but even lesser ones can give performances that communicate something of the music's power, magic and delight.

For all performers the chief enemy is fear often without any seeming rational basis. Frequently it is a matter of one's self-image that is protected at all costs. Very few people want to play the fool in front of others. This requires enormous confidence to give yourself permission to fail. Yet to do so brings with it such relief and freedom. Undoubtedly, if musicians are truly sensitive, they will experience a vulnerability in the face of an audience or an examining board. It is one of the most demanding life situations. The artist has to live up to the audience's expectations, serve the composer faithfully and allow something of his greater self to illuminate the music. The fortunate ones are those who experience the irrational fear beforehand and somehow use its force positively once they begin playing. Within a few moments their awareness and trust become galvanized and they become one with the music. The less fortunate ones, who are inhibited and possessed by negative emotional states during their performances and yet want to communicate their feelings so much, need to work consciously on themselves to find a way through - to shine a lamp within themselves that dispels this deep-rooted darkness which is sometimes called the *false ego* or *shadow self*. For our purposes let us call it the *limited self*.

To a certain extent the division of our nature into a *limited* and *unlimited* self is mirrored in the two hemispheres of the brain. Scientific research has shown that each hemisphere has its own function. The left is simply a tool that can be programmed. Here a musician establishes all the technical aspects of performance. It is during practice sessions that this side is trained so that it sends the right messages to the body. A poorly trained left hemisphere will certainly give cause for fear. This is why patience is a great virtue for it ensures no details are left to chance. However, the left side should not become dominant - the master rather than the servant. It is also the centre of speech and for the formation of thoughts and left unchecked it can bedevil musicians with all kinds of negative, fearful and useless streams of thoughts. It is the mouthpiece for

the limited self and yet it need not be. It says to you such things as 'I know that it will be a disaster, I'm sure that mistake will happen again, here comes that troublesome bar' and 'I wonder what the audience thinks of my performance'. The right hemisphere is a seat for individual creativity. It is the non-verbal, quiet side where images, refined feelings and intuition arise. Musicians can subtly cultivate it by living a rich inner life, a life filled with powerful and poetic experiences that find their counterparts in the music. Modern-day performers often neglect this aspect and rely upon their intellects to solve everything.

For some it may be helpful to seek out a form of psychotherapy if the anxieties are overwhelming. This is a long-term process with no guarantee of success. For most it is far better not to probe why they suffer from nerves but simply to embrace without frustration their limited self, at the same time acknowledging that this self can become less and less limited. There is only one self. How it spontaneously throws off its bonds and becomes liberated from time to time is a great mystery. Nonetheless we can assist this process. The work of freeing the self can be done effectively outside the strictly musical situations. That is, one can engage in certain mental and physical activities whose effects will carry over into musical performance. These are the so-called 'holistic' practices such as meditation, breath work, Tai Chi, Yoga, the Alexander technique, autogenic training and the like. All of these are proven ways that work quite directly on the psyche, ridding it of the grit. With consistent practice they can produce long term benefits in rooting out the chief enemy - fear of failure.

There are many musicians who will not want to follow these methods for various reasons and prefer to have techniques that immediately integrate in their practising and performing. Nonetheless whatever procedures are used the musicians have to have a certain intensity in their character that gives them the power of choice. In other words, to what do they turn in themselves, especially in critical moments. The powerful focus on intentions along with the establishment of aims is the prerequisite for allowing choice. It is in a state of unclarity and dispersion that the will weakens and the musicians then choose to reinforce subconsciously their negative emotions. It is a habit of mind that persists. Without making a systematic plan that lays the foundation for the gradual realization of talents, performers will be vulnerable to doubts and fears. To achieve this requires a special kind of loving energy that keeps musicians in the present moment. While there is the long-term goal of a concert for example, nonetheless it is the intensity of the short term goals that lead to a satisfying performance. If someone is walking along a very dark street at night and carrying a lantern, it does not matter that he cannot see the end of the street. With each step the lantern (the musician's

will) lights up just enough street to arrive safely. During the practice sessions one has to continue to remember why one has chosen music in the first place. That was a great conscious choice which would have emerged out of the true self. Musicians need this kind of remembrance or other sorts of inspiration that spark off the energy required to remain fixed upon their intentions and travel steadily along a path of short term goals to whatever the destination might be. With this approach doubts and fears seem pointless as the only aim is to enjoy the goal or the present moment. This attitude is critical in cultivating that most important virtue - patience. Those musicians who are impatient, want results quickly and become easily frustrated are the ones who undoubtedly become the victims of doubts and fears, undermining their talents.

Musicians must believe that they can allow the self to be unlimited. In this state it knows exactly what to do in a performance. Once they give over or let go to it they will realize that any attempts to 'control' a performance will result in at best an uninspired one and at worst a poor one. This kind of control means doing things to prevent something going wrong. Keeping to this artificial control will actually shut down inspiration and expose any weaknesses the performer may have. Real control is what has already been done in practice. As long as a *deep trust* is brought to bear within the psyche all the fine preparation will occur effortlessly and leave room for spontaneity. Only with an attitude of 'I have nothing to lose' can musicians really enjoy the fruits of their practice and convey that enjoyment to an audience. Many performing artists experience this letting go without any conscious preparation. There is the story of Laurence Olivier who, after a particularly inspired performance of Othello, locked himself in his dressing room. A fellow actor heard anguished cries from Olivier. Eventually he was let in. The actor asked Olivier why such anguish when he had given such a great performance. Olivier replied, 'Yes, I know it was marvellous but I don't know why'! What Olivier had experienced was the total giving over to his genius over which he had no control. What he wanted, however, was that control so that he could always give such a performance. But that is not how it works. The development of trust in one's greater nature and abilities is greatly helped by systematic practice. The psychology of the musician during practice sessions is equally important to that of the performance. In practice performers can imagine their audience and realize that they are not judges who pass sentences of death but simply lovers of music who would like to experience music that resonates within them. Young performers should find every opportunity to play for people so that they can develop a positive view that the audience is not the enemy but the spark for inspired playing. The letting go can be strengthened by drawing on the audience's energy. It is wrong to block it out. Artur Rubinstein claimed that his secret

f beautiful playing was to choose one member of the audience and play only to him or her, like a love affair. So control has to be given up. It is the little devils within us speaking. What they expect is that you will either listen to them or try to fight them. Trust is the total opposite of this. It is absolutely ignoring them, even if they are heard in the background, and turning to what you know to be the being that can play the music well, not necessarily totally free of mistakes (the least of your worries) but with panache. With this attitude of mind even the tension of playing for exams and auditions can be lessened.

The third dimension of the psychology of performance is the marriage between concentration and relaxation. At first they seem mutually exclusive words. For concentration suggests an intense locking of the mind. And relaxation suggests not being alert. Where is the meeting ground? Certainly nothing should be forced and anyone who has to keep their attention span prolonged should not be under any tension to do so. The best attention is that of highly aroused interest and the resultant absorption into the subject. This kind of focussing is a form of love, of being at one with the object. It causes one's physical surroundings and mental proceedings to recede into the background. For the performer what primarily exists are the notes, the instrument and those parts of the body needed to produce the music. What should also be felt is the connection with a sense of liberation and the sympathetic vibrations of the audience. This is the ideal state of awareness and it implies no emotive judgments about the given situation. This means the absence of all criticism, whether positive or negative, that inhibits the performance and robs it of its glory. Naturally there are matters of discrimination about technical points such as intonation that are part and parcel of playing. So, for example, if one's intonation was slightly off, one would note that and adjust it but not get emotionally involved by inwardly cursing oneself for the bad intonation. True awareness is acting without interfering in the process. The only emotions connected with performing are those that are sparked off by the music itself. Musicians can convey states of pure emotions when the sequences of tones link to their imagination. They do not have to be overcome by grief to play *doloroso* nor by wild elation to play *molto agitato*. If they were caught up in such emotions they would be less likely to project them when called for in the music. Then the natural tensions that are integral to music-making would play their part. In this context relaxation is the absence of unnecessary tensions caused by the negative imagination of the mind. This can lead to tensing muscles excessively that are needed to perform or to extraneous actions such as biting one's lip. Let us take the example of playing for exams. One expects the examiners to be dispassionate yet sensitive listeners. If this is the case, then ask yourself: Are they the enemy? Are they going to tear me to

shreds? Are they ready to expose me as a fraud? Are they going to make or break my career? If you are objective, then you must answer 'No'. You are part of a drama. The examiners have their role and so do you. Both sides want to reach their highest standards. Actors know they are only acting no matter how involved in the part. A part of them is still dispassionately watching. Musical performers are no different and should assume the same position. Practising also requires this non-judgmental awareness. When musicians fall short of the mark either technically or interpretively it is critical that they not become emotionally identified with these shortcomings. Internalised or externalized statements such as 'Damn, I've done that again', 'Why in heaven isn't this passage going right?' and 'I'm going to get this if it kills me' are totally counter-productive. All such feelings block the flow of energy required for clarity and detachment.

Through such a three-fold approach performers and would-be performers who are inhibited, overly fearful or think themselves inferior can slowly chip away at the crust that they built inside and outside themselves. All performers have the initial pangs before going on stage because very few develop total trust in the unlimited self. The niggling doubts quaver within. Yet many, because of systematic practice and regularity of playing to people from an early age, are able to harness the adrenalin of fear and turn it into the flowing energy of a satisfying performance. Why they are able to switch into high gear despite the doubts is a great mystery and gift. The minority who deeply want to communicate to an audience and find themselves prevented by their various anxieties should seek methods suitable to their nature that work on any or all the channels of body, mind and spirit. There are no guarantees but more often than not such locked-in players would begin to have properly focussed goals, non-judgmental awareness and a trust in their talents.

Dr James D'Angelo

(Performer, Composer, Lecturer in Psychology of Music)



# What is Wrong with Our Piano Playing?

*An analysis of the first Database of ISSTIP 'Performing Arts Clinic' at London College of Music*

Piano Playing has reached a staggering standard of performance. Many – and I emphasise the word *many* – possess such technical wizardry that they are capable of playing works from the repertoire which only a few virtuoso performers of previous generations dared to include in their concert programmes.

However, a great number of pianists – and other instrumentalists for that matter – are paying a high price for having reached such technical accomplishments. The price, unfortunately, is paid by the players' muscles which have been grossly used, misused and abused.

It is true that there have been many studies undertaken by the medical profession, alternative medicine as well as by musicians themselves to find ways of coping with the situation.

ISSTIP Performing Arts Clinic at London College of Music has played an important role in this field of studies.

It has organised regular courses and seminars and recently brought out the first Database of cases examined at the clinic and, among other important findings, it shows serious flaws in the training of instrumental musicians.

The database was compiled by Andrew Evans, Arts Psychology Consultant on the clinic's staff since its opening in 1990, assisted by Gordana Petrovic, ISSTIP Secretary, (a pianist enrolled for a Masters' Degree at City University). Andrew Evans presented the database of the first 363 cases seen from 1990 to 1994 (most of them musicians, and only two dancers, one puppeteer and two actors) at the ISSTIP/LCM Course on 'Health and the Performing Arts' – Prevention is Better than Cure – in March 1995. A panel of experts consisting of doctors, psychologists, musicians, speech and drama teachers, as well as representatives of societies involved in the wellbeing of musicians like Royal Society of Musicians, British Association of Performing Arts Medicine, participated in a Round Table debate on a highly topical theme: *'How is it that in spite of the knowledge, research and experience gathered in recent years, the physical and psychological problems of musicians and other performers are still on the increase?'*

All the speakers emphasised the need for a different style of training of instrumentalists, instrumental teachers and of dancers in the hope that future generations will not present the same pattern of occupational ailments. The responsibility rests with the colleges, conservatoires and other institutions but each one of us should look into ways and means to contribute to the prevention of these problems.

ISSTIP database appeared in the BAPAM Newsletter (autumn 1995). In this, Andrew Evans compares ISSTIP statistics with those of Arts Psychology Consultants and of BAPAM Performing Arts Clinic in London.

In this article I am surveying ISSTIP data which I believe should be of interest to the musical profession and to the piano profession in particular. The overall conclusions of this pioneering data (the first of its kind in the UK, show that a large number of musicians – professionals, teachers, students and amateurs – are using ISSTIP clinic, the typical profile being that of classical musician with keyboard players in the top brackets. Here are some of the statistics and it is interesting to note that a follow-up study of more recent cases reveals similar results.

Type of musicians attending		%	Instruments:	
Classical		98	Keyboard	36
Pop		2	Strings	29
Of these:			Voice	15
			Brass	2.9
			Plucked instruments	7
			Percussion	0.9
			Conductors	0.9
			Composers	0.3
Professional		36		
Semi-professionals		0.6		
Students		51.2		
Teachers		8.4		
Amateurs		3.8		
The type of treatment:				
Medicine		42.7	including a wide range of specialists	
Psychology		5.8	counselling and psychotherapy for performance anxiety, motivation problems and general personal issues.	
Body Mechanics		51.5	Physiotherapy, osteopathy, Alexander, Feldenkrais, Grindea techniques for postural adjustments, faulty instrumental technique, incorrect ergonomics.	

The publication of ISSTIP/LCM Database coincided with another spate of publicity in USA, with musicians injuries once again in the news, when several important newspapers announced: 'Leon Fleisher to play with both hands in Carnegie Hall'. To the ordinary reader such an announcement may appear totally out of place at a time when world crises are causing grave concern. But for the piano profession this is, indeed, great news. Leon Fleisher had to stop using his right hand in the 60s at a time when his career had reached the summit. It took 17 years of damaging wrong diagnoses and treatments until a team of specialists – a neuro-surgeon, an orthopaedic surgeon and a neuro-physiologist – had the courage to operate on his hand and wrist. The operation in 1982 at



Massachusetts General Hospital in Boston made world news. (ISSTIP Journal No.1 Nov.1983 pp.34-33 'Physicians Views of Physical Problems' edited H.Hochberg, Robert D.Leffert interviewed by Robert J.Silverman). Through post-operative stretching exercises, massage, myotherapy as well as biofeedback, he was able to play again with both hands and his concert (1982) when he performed Cesar Franck Symphonic Variations with Baltimore Symphony Orchestra was televised nationally. His recovery, alas, did not last long. He had bouts of pain and he did not have the confidence to use both hands in performance. He then carried on as he did for so many years, giving recitals with left hand only (there is an interesting repertoire), conduct from the keyboard and giving masterclasses throughout the world beside teaching his own students at Feabody Conservatory.

Many more pianists - and other instrumentalists - came out into the open with their physical injuries thus a new awareness was created among doctors, psychiatrists, psychologists and among musicians themselves. Thus, while Sports Medicine had been flourishing and continuously developing for a long time, Music Medicine only emerged thanks to the enormous publicity given to many famous performers who admitted their suffering. Since then, Music Medicine has greatly advanced and this trend continues.

The recent announcement in the American press that Fleisher was going to perform the Mozart Concerto K414 at Carnegie Hall, in January 1996, with Andre Previn conducting, created a real stir in the profession.

What made him take such a step after almost 15 years of playing only with his left hand?

He admitted that he had been undergoing special therapy, *Rolfing*, based on very deep massage, extremely painful and strenuous, stretching the muscle fibres, which brings about a proper alignment of the body. *Rolfing* demands that the patient remains relaxed while having this painful treatment. Actually Fleisher had been playing with both hands for several months but, in his words, 'he still spaces his performances until he will reach a point where it is purely reflexive again'. He then added: 'it gives me great joy that I can go this far'.

It is very revealing to read that his attitude to teaching has also taken new directions. He seems to be more concerned with the players' wellbeing, with the way they relate to the instrument. He now insists that his students should do a lot of exercise, especially stretching exercises and he even recommends dancing. In order to find for himself how beneficial this may be, he has been taking ballet lessons which he thinks are most exhilarating!

A most important question comes to mind: what can we, pianists and piano teachers, learn from Fleisher's experience spanning over 30 years?

A great deal. Perhaps it is time that we should also start to include some exercise in our daily life and why not dancing? After all, to quote the

late Sidney Harrison *Music is Song and Dance!* Considering that ours is a sedentary profession this could do all of us a lot of good. Above all, we should encourage our pupils to do the same (At EPTA UK 1996 conference, the session on '19 Century Dance' was one of the most successful).

As to the findings of ISSTIP database, pianists and piano teachers should take notice of such statistics. We may have a great deal to answer with regard to the many problems encountered and to the causes of such a high incidence of injuries among keyboard players and other instrumentalists. It is not sufficient to blame the conservatoires and the higher institutions for their role in the training of instrumental teachers. The problem should be addressed also to the individual teachers who have in their care the young musicians who will later on form the student population of music colleges. The real education on correct usage of the body and muscles should start at this early stage, thus avoiding the need for re-education in later years of studies or when joining the profession.

In my experience, working with over 600 musicians at the clinic, I realise how vital it is that every joint should be in its right position, to have a correct posture without any muscle tension, and above all a right interaction between player and instrument - the main source of muscle injury - so that the player is able to perform at every level with the necessary freedom of muscular coordination. Teachers should be aware which movements of arms or wrists are conducive to release of tension when practising or performing in public, study them well so that they will ultimately become 'purely reflexive' as Leon Fleisher points out.

I hope that the ISSTIP/LCM Database - like the database of the BAPAM clinic - could be made known to as many musicians as possible, to the medical profession and, especially to the students undertaking research in this sensitive area. And, perhaps the future generations of students will not know what physical injuries or other occupational hazards are. This should be our goal.

Carola Grindea

## Book Review

*The Inner Game of Music Work Book* by Barry Green & Phyllis Lehrer (GIA Publications Inc. \$25.)

I once witnessed a spectacle which will live with me for the rest of my days, namely a showcase recital of Russian children and teenagers from Conservatory which I was visiting while on tour. This public event revealed young pianists who had obviously received a very rigorous training, yet many of them, and one in particular appeared to be terrified of the responsibility of such an occasion and although all were extremely competent, none exhibited a feeling of relaxation and enjoyment. The one little boy who personified this state was about 8-years-old, and was playing the first movement of Beethoven's Sonata Op.1. His extreme nervousness, with eyes opened wide in fear, manifested itself in a small memory lapse from which he recovered admirably, but caused him to leave the platform in tears, and his performance had probably, to him, been like a journey to hell. It brought home very forcibly to me the fact that the technical graining these students had benefitted from was overshadowed by a psychological approach by their teacher which had driven them solely towards absolute perfection, leaving no room for individual thoughts on the nature and emotion of the music they were playing, and above all no joy or satisfaction.

The psychological approach to practising and performance can make or break both, and 'The Inner Game of Music', a very clever and highly entertaining book is about what goes on in our minds, particularly in performing, not only the piano, but on any instrument. That is not to say that it is just a light-hearted approach to this complex subject. In fact it is the reverse, although it makes no reference to actual technical movements. The latter, and the business of playing the correct notes and rhythm etc. are referred to as the 'Outer Game'. The 'Inner Game', to quote from the book, is 'an approach to learning and performance developed by educator and tennis professional Timothy Gallwey in the early 1970s. It taught a simple and practical method for reducing the mental obstacles that interfere with the expression of one's potential to learn anything. Gallwey's understanding of how to reduce mental interference was based on his own observations of the obstacles to his own performance as well as that of his students. He noticed that in great measure the students' fears and doubts tended to be increased, not decreased by traditional coaching methods. Letting go the almost universal approach of teaching *the shoulds and shouldn'ts* of the game, Gallwey developed a non-judgemental approach to coaching which greatly increased the students' confidence in their ability to learn naturally from experience'.

Phyllis Lehrer first encountered Barry Green during a day-long workshop at the Westminster Choir School in Princeton, New Jersey, where she is Professor and Head of the Piano Department. It formed part of a week devoted to 'Exploring Performance Anxiety'. Phyllis Lehrer writes in her preface: 'Watching Barry facilitate insights, discoveries, and self-generated learning while creating an atmosphere of fun and non-judgemental awareness was compelling. The applications to both practising and performing made the Inner Game a perfect vehicle for my own work as a performer and teacher, and for my role in training performers and teachers'. The 'Inner Game of Music Workbook' contains a large number of exercises for the keyboard musician, and is designed first and foremost for the individual player. The musical examples, as well as the many non musical examples are designed for group application, also, and can be used in school laboratory classes, college method courses, pedagogy seminars, or small studio classes. The Inner Game principles were first applied to music in the book, 'The Inner game of Music', by Barry Green with Timothy Gallwey (Doubleday/ Anchor Press, 1986)

Most of the Workbook is devoted to exercises in the three Inner Game skills of Awareness, Will and Trust, and the first two chapters are about ways of applying these skills to the learning and practising of music. These preliminary chapters are to ensure that no old habits are brought along when using the workbook – old habits which may prevent experiencing the purpose of each exercise. To quote Barry Green: 'The Inner Game as applied to music, has to do with avoiding influence of the inner voices of doubt, judgment, and fear, so that we can listen to and feel the music within us as we play'.

The musical examples which follow the very detailed and comprehensive description of this unique approach are split into the three Inner Game skills mentioned above. The pieces range from conventional repertoire to works by modern American composers, and each is accompanied by a page of 'Activity' and 'Dialogue', in fairly simple terms which are easily understood. A cassette accompanies the workbook, which has all 35 examples, introduced and played by Phyllis Lehrer (unfortunately the cassette I was given was faulty with many wobbles but the sound quality was satisfactory).

The workbook has a spiral binding, make it easy to stand on a piano rest, and I would recommend it to teachers and performers, but having read the original Inner Game book some years ago, it would certainly help to read that first. It is a very valuable concept in this age of pressure upon performers both young and old, and is like a breath of fresh air which can do nothing but aid the process of feeling comfortable, and yes, even happy with the often troublesome 'thing' called performing.

Angela Brownridge

## Osteopathy and Musicians

From the times of pre-history mankind has sought to express itself through the medium of music. This pre-verbal communication is beyond the confines and limitations of speech, and can often be defined as a pure outpouring of our very essence. Music is beyond time and space, beyond language and racial barriers, it removes us from our inner conflicts and acts as a catalyst to our inner self.

Musical instruments themselves, in this context, become a 'natural' extension of the physical self in our striving for such expression. Instruments and techniques have evolved in response to ever greater demands for varieties of textures in sound.

While instruments have evolved, the human physical body has essentially remained the same, perhaps (due to better nutrition and healthcare) slightly larger than its antecedence. Like instruments, we all come in different shapes and sizes, this necessitates musicians to adapt physically to the instrument. This symbiotic relationship takes many years of selfless dedication and is often a slow and painful process of physiological habituation. Practice is also often a lonely and insular activity. Like any group of individuals, musicians are subject to musculo-skeletal syndromes, such as back pain, disc degeneration, sport injuries, bad posture etc. However, superimposed upon these there are a number of other factors which make musicians a special 'treatment group'.

The first is related to the way the individual physique adapts to the specific chosen instrument. The second is the particular amount of psychological stress involved with public performance or the problems of self-image and dynamics within an orchestra or group. A third problem is that for many musicians a good physical state must be maintained, and what may seem like a trivial wrist injury to a GP may be a threat to the livelihood of a musician.

Osteopathy has become increasingly recognised as a valuable field of physical medicine, over the past decade or so. It was started in the USA in 1874 by Andrew Taylor-Still, a surgeon who became dissatisfied with the powerlessness of medicine to treat the basic, every-day, physical problems and diseases. Medicine has come a long way, but, in the field of physical medicine patients often find that anti-inflammatories and pain killers, are only a mask to the underlying symptoms. An osteopath works with touch. They may use a scan or an X-ray to diagnose, but essentially the medium of expression is touch. While modern medicine is moving away from the realms of touch, with ever increasingly complex pieces of equipment, an osteopath will use basic but powerful techniques. The basic principles of Osteopathy by which we operate may further galvanize this concept:

1. The whole emphasis of the body (following disease or injury) is that it constantly strives towards self-healing and repair; this it does through in-built mechanisms such as the immune and inflammatory systems.
2. If the body is not repairing itself efficiently this may be due to a 'blockage' of some sort. These blockages may be physical, mental or sometimes spiritual.
3. It is the job of the competent therapist to diagnose the condition, and determine where and how these blockages are manifested. By removing these blockages the inherent healing processes are facilitated.

These blockages can occur anywhere in the body, especially in the head, neck and spine and can be affected by stress. They can result from erroneous postural habits, bad technique, trauma such as whiplash or falls, or sometimes they can even stem from foetal or neo-natal origins.

Over the past four years, I have had the privilege to work with many professional and amateur musicians, thanks to my collaboration with Carola Grindea at ISSTIP Performing Arts Clinic at the London College. Approximately 15% of my patients are musicians. The following statistics have emerged, which may be of interest:

Instrument	Piano	Singers	Wind	String	Guitar	Percussion	Totals
Number	29	16	18	32	13	9	117
Percentage	25	14	15	27	11	8	100%

Symptom area (%)					
	Hand/Wrist	Neck/Shoulder	Elbow	Legs	Other
Pianists	39	24	16	9	12
String	22	44	22	4	8
Singers	0	34	0	0	66 (voice)
Wind	32	34	16	0	18
Guitar	40	22	20	0	18
Percussion	23	9	26	33	9

*Out of these cases by far the most common were hand and wrist complaints. This I believe highlights the need for proper education in techniques, stress and tension in performance. Drummers tended to have wrist and leg problems. Singers often came to try and improve their power and performance through the diaphragm.*

Many of the above musicians presented physical symptoms, but very often there were emotional and mental layers to their problems, which were discussed during the treatment process.



As can be seen, Osteopathy is used for many types of problems. It is safe and effective, and with a good practitioner most results are quick and long lasting. The average number of treatment sessions will vary according to the type of problem, but most simple complaints should need only 1 to 4 treatments.

For musicians their bodies are like precision instruments and as such they can find that once they have tried an osteopath, they return once or twice a year for a type of 'service' treatment.

For my part, I find it very satisfying to work with musicians and being able to help them to conquer their difficulties.

Simeon Niel Asher. B.Sc (Ost.) M.R.O.

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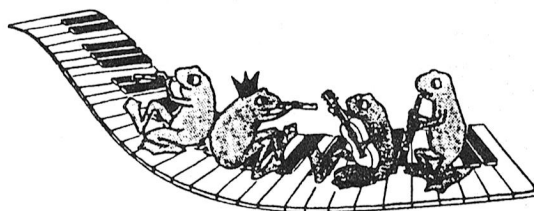
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## Yoga for Musicians

Yoga in its highest form is a complete way of life in which, through years of dedicated study and discipline in all aspects of life (physical, emotional, mental and spiritual) the yoga practitioner eventually reaches enlightenment. In the west, however, we mainly concentrate on the study of the physical (hatha) aspects of yoga, or on learning meditation, in order to reduce the stresses of everyday life. A great number of musicians are experiencing the benefits of an increased sense of well-being, suppleness and strength through studying yoga. However, many of them have found it difficult to relate what they have learnt in yoga classes to the more specific problems they encounter while practising an instrument or performing. In my *Yoga for Musicians* classes I have sought to fill that gap and this article describes how I have learnt to apply yoga to my piano playing and to my teaching.

I started studying yoga 19 years ago while still a student at music college. I had been suffering from backache and recurrent tenosynovitis in my thumb resulting from hours of faulty practising. I started attending classes at the school of yoga based on the teaching of B.K.S. Iyengar, the acknowledged master of Indian yoga. Iyengar yoga is the most physically demanding of all yoga systems. I found that I felt an overall improvement in well-being and in suppleness, but that yoga was not easy for me. And I found that I couldn't immediately see any benefit to the more urgent problems of the tenosynovitis and backache, and the general tension experienced while playing the piano.

Some years later I started individual yoga lessons with the late Eve MacFadyen. Here we could discuss at length my particular problems on a one-to-one basis, as well as experimenting with how to relate yoga to piano-playing in general and to other instrumental techniques. I increasingly started using the principles of yoga in my own playing and in my teaching at the London College of Music, as well as in other aspects of my life. My teacher had learnt a lot from Tai Chi, Feldenkrais, Shiatsu and Alexander in addition to the yoga. I myself have since studied some of these techniques to a limited extent. The exercises I use now are often an amalgam of several techniques, or are ones that I have adapted or invented to solve a specific problem. I find that every technique has something new to offer, although in the long run they are all aiming at the same ease and comfort on the body.

Since that time I have had experience of other schools of yoga, both the British *Wheel of Yoga*, and the *Yoga for Health Foundation*. Their yoga is less physically intense, giving more attention to the philosophical aspects, meditation and particularly breathing. The Yoga for Health Foundation runs courses and classes for both healthy people and those



with disabilities, including debilitating diseases such as MS, ME, heart problems and asthma. Also along those lines, the *Yoga Biomedical Trust* aims to link Western medical knowledge with yoga, and offers consultations and classes to help with specific ailments.

These organisations are becoming increasingly successful in adapting yoga to the stresses of our western way of life. However, I felt there was still a strong need for specific classes aimed at musicians' problems, and I started giving classes for professional organisations and at music colleges, including a regular series of classes at the Royal Academy of Music. Musicians, whatever their instrument, tend to suffer from the same problems, notably poor posture, faulty breathing, tension in back, shoulders, arms and hands, and anxiety. All bodies function in the same way, so that a good understanding of body function can allow a teacher to pinpoint and resolve problems in any instrumentalist, although I find that personally can go into great depth at the piano.

The exercises I use are not full yoga postures. They are simplified exercises, pared down to the essence, which aim to address very specific problems. Whereas traditional yoga postures are very complex and work on the whole body, I have developed exercises which deal with one problem at a time, such as *balance*, or *breathing* or *loosening the wrists or shoulders*. Of course at the same time one always has to remember that the whole body works as a piece. An aching neck may be the result of stiffness in the lower back, a pain in the hand may best be solved by addressing a problem in the shoulder or back. Occasionally the problem is not caused by faulty instrumental playing, but by an accident in the past, or a physical illness or handicap which may need medical treatment or osteopathy, in addition to a review of one's instrumental technique.

I do believe strongly that yoga, or any other similar technique, cannot be learnt from a book and needs hands-on guidance from an experienced teacher. However, for the benefit of readers who already have experience in various relaxation techniques, I include here some examples of the sort of exercises I use and the thinking behind them:

**Rooting' and Balancing the Body.** A strongly rooted tree can withstand gales. A strongly 'rooted' body can move freely in any direction, and can stay static for long periods of time without tension. 'Perching' and slumping' create tensions in the back. The body should be evenly balanced between right and left, and between front and back.

**Standing:** Feel the floor and let the weight of the body drop into your feet. Is the weight distributed evenly between right and left foot, and between toes and heels? Shift the weight gently from left foot to right and back again, gradually coming to rest in a balanced position. Then slowly rock the body-weight from toes to heels until evenly balanced. While keeping

the feet firmly rooted to the floor now start to move your body freely, as you might at your instrument.

**Sitting:** Sit with your hands under your buttock bones. Tilt your pelvis backwards and forwards, coming to rest at a point where the buttock bones point slightly backwards into the chair. Remove your hands, while feeling 'rooted' to the chair. Check weight is evenly distributed between left and right. Allow the back to lengthen. Then, retaining the feeling of equilibrium and being 'rooted', start to move the arms and torso freely.

**Loosening the Shoulders. 'Empty sleeves':** Twist the body loosely from left to right. Arms hang freely, as if from empty sleeves.

**'The Swing':** Arms swing forwards and back as if blown by the wind.

**Shoulder rolling:** Place hands on shoulders. Roll shoulders in a circular movement (up, then back). Keeping the shoulders at their lowest position, move your arms towards your instrument.

**Use of the Arms.** A broken branch dies because no life can flow through it. A healthy branch bends with the wind. Proper alignment of the body allows a free flow of energy and strength. Small muscles in the hand can then be supported by stronger muscles in upper arm and back.

**Figure of eight:** Move the arms so that the hands create a figure of eight in the air in front of you, arms moving freely in one piece. Keep elbows and wrists totally relaxed. Become aware of a slight movement in the shoulder blades. Start to direct the movement from the shoulder blades, gradually increasing the movement by using the power from the back rather than by increasing tension in the arms. Experiment with directing the strength from your back while playing powerful passages of music.

**Breathing.** We all tend to breathe too much in the upper chest, which causes anxiety and excessive tension in the upper torso. Inhaling gives energy. Exhaling brings relaxation. Breathing should never be forced, and advanced exercises should only be practised with the help of an experienced teacher.

**Observing the breath:** Lie comfortably on your back. Quietly 'observe' your breathing for about five minutes. Where do you feel most of the movement? (in your upper chest? Around the solar plexus? In the lower abdomen?); is the breath slow or fast, deep or shallow? Does it change over the five minutes? Do you notice any other changes taking place?). Do not attempt to alter your breathing consciously, just be aware of what is happening. Repeat each day for a week.

**Energising breathing:** Place the hands on the lower ribs and concentrate on the relaxing out-breath. (A conscious deep exhalation can relieve tension in a performance). Never force the breath.

Relaxing breathing: Lie on the floor with hands on lower abdomen. become aware of a very slight rise and fall of the abdomen.

Yoga is essentially a practical, self-help therapy, with the emphasis being very much on self-reliance, rather than on dependence on a teacher. I see the teacher's role as pin-pointing the root of the problem and suggesting exercises to remedy it, at the same time showing ways of changing one's approach to avoid similar problems recurring in future. Many problems can be remedied very quickly. Others that are more complex and ingrained may require a great deal of persistence to change the habit of a life-time. The more a musician can take responsibility for his own well-being and start to become aware of any imbalances and tensions as they occur, the better.

I myself am first and foremost a musician, and for me, yoga is very much a means to an end. I see yoga as a form of training by which musicians can free their bodies and minds in order to give themselves over entirely to the music, unhindered by physical tensions and mental anxieties.

*Western 'work-ethic' mentality:* 'More pain, more gain'. More effort produces greater results. 'Try hard'. Strength comes from hard work (tension) and development of individual muscles.

*Yoga philosophy:* Strength comes through suppleness. Activity should be freely flowing and in balance. 'Less is more'. The body works as a whole, in harmony. Relaxation is an active state, in which the body is balanced, supple and at ease. It calms the mind and gives a feeling of total freedom, flexibility, energy and power, in which activity becomes easy.

'The state where effort becomes effortless'

Penelope Roskell  
Piano Professor LCM

*Some useful addresses:*

Iyengar Yoga Institute, 223a Randolph Ave London W9 1NL

The British Wheel of Yoga, 1 Hamilton Place, Boston Road, Sleaford, Lincs.

Yoga for Health Foundation, Ickwell Bury, Biggleswade, Beds SG18 9EF.

## Stage Fright?

What do we mean by having 'Strong nerves'?

'The nerves, they are the man' (Voltaire)

Performing artists very often feel they are under great pressure: They have to perform at a particular point in time and within a given time-frame - and are not given the chance to repeat their actions.

The situation is familiar to everybody: your preparation is excellent, the pieces have been practised and rehearsed sufficiently - and then it's 'the nerves' that fail on stage or at the audition. But what are these 'nerves'? Exactly how and why do they prevent us from doing our personal best at the decisive moment?

*Stage fright?* When you ask performing artists - musicians, actors - or other people who have to speak or act in non-repeatable situations - teachers, conference-speakers, athletes - what they mean by having stage-fright or nerve problems, the answer is most likely to contain one or several of the following points:

- difficulty with concentration
- lack of motivation, unclear goals
- existential fear
- the feeling of being unlucky
- physical blocks - trembling, sweating, feeling paralysed
- occasional or constant lack of energy
- lacking a clear sense of self
- lack of self-confidence
- addition to tranquillisers
- the inability to find emotional or physical tranquillity
- the feeling of not being free to be creative
- worsening standards due to 'nervous tension'
- the feeling of not being understood
- helplessness
- frustration
- the inability to 'come out of one's shell' on stage
- fear of failure

This is dedicated to all those who suffer from one or several of the above problems and are looking for help.

Obviously it is not easy to define this thing called *stage-fright* or *weak nerves*. And certainly it is no personal fault if you have to think through your situation. You should, however, find out the reasons that lead to your stage-fright! Only by knowing these, are you in a position to fight it efficiently!

**What is the real problem?** If we want to fight an enemy, we have to know him first! Unfortunately, there is no easy answer to stage-fright. *It is a different face for everybody.* And when we start looking for reasons it often like looking for a needle in a hay-stack. What we need is a reliable guide leading us exactly to the root of the problem.

**Stage fright – a limited reflex?** The behaviour which is the result of stage-fright prevents us from doing what we want, so why don't we just dispense with this destructive pattern of behaviour, as soon as we are aware of it?

The answer is: this behaviour is not at all absurd, only out of place. For some reason, at some point of time, *we learned a certain behaviour-pattern* which is, however, not appropriate in the present situation (i.e. on stage).

Let us recall **Pavlov's dogs**. In this experiment dogs were subjected to an acoustic signal (bell ringing) followed by a flash of light. The pupils of the dogs' eyes contracted as a consequence of the flash of light. This combination of acoustic signals and flashes were repeated. After a relatively short time the ringing was sufficient to make the dogs' pupils contract without flashes. Why? *The dogs were conditioned, they reacted automatically* to the ringing bell. Then the flashes were replaced by food: bell – food, bell – food, etc. All of a sudden, the dogs learned another subconscious reaction. Now, when the bell rang without food to follow, the pupils remained unchanged but salivation began. Was there a reason? Yes there was. The dogs were *reconditioned*: they were adapted to a different behaviour. In both cases they were unable to influence this reflex deliberately.

What does this mean to us as human beings? *We, too, may be conditioned. Therefore, it has to be possible to re-condition ourselves*, or at least have a wider range of reactions at our disposal.

**Inherent Stability** We take for granted that our minds and bodies can work together to function as a well-balanced whole. But what happens when this sometimes precarious balance is disturbed?

Let us look at an example in our body. If we wear shoes with high heels this shifts our centre of gravity forward and a whole network of muscles have to work overtime in order for us to remain upright. If, then, these high heels are worn nearly all the time we get used to it. However, at some point, due to the over-contractions we end up with back pain or even worse spinal problems. *All for an inch or two of heel.*

The fact is, only when the pain alerts us that something isn't quite right in ourselves can we work with the problem until we discover the root cause. The same holds good for mental imbalance, if we can see *stage-*

*fright* for what it really is – *a warning-signal that we are off balance mentally* – then we can find out the reason: what set off that warning signal.

It certainly doesn't help to try to hide the problem from others (and ourselves) for fear of being found 'weak'. This can lead to the situation where drugs of one sort or another seem to offer the only way out of our mental vicious-circle. Fear as a reaction to danger is a perfectly natural and necessary reaction. Why are we afraid when appearing on stage, in front of other people? What is in danger? If we find a situation dangerous, fear is the result (those debilitating physical symptoms...). Understanding this can help us both to see that we are not in a life-threatening situation to which fear is the appropriate response and have at our disposal a way of (re)acting which is appropriate and works to our advantage. Only then can we enjoy what we do and give the best of ourselves. *So this training is not a therapy but a set of new useful tools for the performing artist.*

### Practical Stage Fright Training

**What you learn** The idea of '*strong nerves*' being a learnable discipline is the basis of the stage-fright training. The necessary skills for mental reinforcement are conveyed. This leads to the fact that the trainees get to know themselves, their individual desires, their personal power and their possibilities. They learn to communicate all this at their best – not just on stage but 24 hours a day – a life long.

**How you learn it** Through profound stage-fright training (usually 10 training sessions) *A comprehensive preliminary counselling* session is prerequisite to the training: the trainer analyses the complete situation of the trainee, personal goals are defined and the course of the training is mapped out including interim goals for continuous development. What the trainee's expectations are and how both the trainer and the trainee may appreciate the success of the training.

The training comprises mental, emotional and practical exercises and home-work. The attention is focused on the desired identity and how to communicate it physically, emotionally and at work with a musical instrument, voice, body language. In all cases the training means work demanding the trainee's own activity and initiative; it is certainly not passive presence. A new ability is conveyed to the trainees: how to solve both old and newly-arising problems by his or her own efforts.

**Last-minute help** There is the possibility of a *last minute stock taking* for the desperate, as a preparation immediately before their scene or audition – for those who think they may not be up to it for nervous reasons. This is certainly not as comprehensive or intensive but can bring a momentary help in those urgent cases that may not be postponed.

## Practical Questions

*Are there any performing artists who do not suffer from stage-fright?*

Stage-fright occurs in all groups of performing artists, no matter which profession or instrument. Contrary to what is widely assumed many musicians in leading orchestras are often subject to severe nervous pressure and tension.

*Will my personality change following this training?*

Everything that we understand now to be our personality comes down to two points: how we feel and how we behave. Having this in mind you learn additional ways to act, feel and behave – based on your uniqueness.

*Don't I just talk myself into some improvements, but things won't change at all?*

Again the question is, what we mean by change. The way I understand it is learning to make more functional decision from a wider range of options.

*Will the effectiveness of this method diminish if used constantly?*

The contrary is true. The more the method is used, the more convincing the results will be.

*If it is so simple, why doesn't everybody work according to this method?*

Often, the simplest things are the hardest to see. Once we grasp these simple principles, consistent application can bring results that may even be considered to be miracles.

*Is there any particular prerequisite the trainee should have?*

It doesn't matter if the trainee is old or young, whether he/she has just started his /her artistic career or is already a successful artist. It is also unimportant if the trainee has suffered from the problem for a long while or if it is new to him/her. Theory is, however, no substitute for practical experience. The essential thing is the willingness to learn.

Leonhard Kubizek  
(Clarinetist, Lecturer in Communication Techniques)